APPENDIX 1

Organisation name: Dulwich Society **Date of risk assessment:** **Event Name, Date and Location:**

What are the hazards? *	Who might be harmed and how?	What are you already doing to control this risk?	Do you need to do anything else to control this risk?	Action by who?	Action by when?	Done/ Comments
Slips and trips						
Licence						
Manual handling						
Fire safety						
Noise						
Transport						
Access						
Safeguarding						
Emergencies/first aid						
Local neighbours						
Weather						
Waste handling						
Insurance cover						
Event organiser illness						
Other						

Completed by:

*** The listed risks are prompts. Please amend as needed to record relevant risks**

On behalf of the Dulwich Society

When completed, please email this form to the Secretary, at: secretary@dulwichsociety.com